architectural design principles, standards and proven design patterns must be leveraged, all of which is directed by "Guiding Principles".

## 5.5  Guiding Principles

The following are guiding principles for developing the technical architecture of the NC Shared HIE Services:

- ➢ The NC HIE architecture must be flexible and adaptable to accommodate existing and emerging HIE implementation scenarios.
- ➢ Given the potential total funding amount available to North Carolina, funding multiple HIE platforms is not feasible.
- ➢ The NC HIE strategy must be aligned with "meaningful use" criteria as defined by the federal government.
- ➢ The NC HIE architecture must align with NHIN core services and specifications.
- ➢ The HIE platform will be vendor and technology neutral. Service-oriented architecture will be in alignment with but neutral to major vendor SOA platforms.
- ➢ Privacy and security services will comply with all HIPAA requirements and applicable federal and state regulations.
- ➢ Community HIOs across North Carolina will be able to exchange health information, as well as connect to the NHIN through the NC Shared HIE Services environment.
- ➢ Access and exchange services will be provided in order to leverage existing statewide information assets such as CCNC INC, PHIN, MMIS, commercial laboratories, and IDNs.

## 5.6 Objectives/Defining & Prioritizing Services

**Objectives**. The technical infrastructure will be driven by statewide healthcare objectives and priorities. In order to first define and rank the goals and then build the necessary consensus to support deployment, North Carolina's governance structure must be implemented and stakeholders engaged.

**Defining Shared Services**. Core services and functions that are valued across a wide range of stakeholders and don't pose disruptive or competitive challenges to existing and planned systems must be defined.

**Selecting and Prioritizing Technical Services**. Often HIE initiatives face difficult decisions between supporting near-term HIE solutions and investing in services that would advance the longer term goals of full interoperability. In evaluating technical services maximizing value vis-à-vis the costs for creating systems to support statewide interoperability must be considered. The following criteria will be used to assess candidate services across the following criteria: (1) the clinical value generated (e.g. quality improvement), (2) the degree of competition for the service, (3) the breadth and depth of potential clients, (4) anticipated net revenue and return on investment, (5) technical difficulty; and (6) costs for service provision